

November 29, 2006

Director of the USPTO
Mail Stop 16
P.O. Box 1450
Alexandria, VA 22313-1450

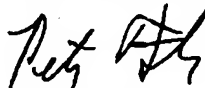
2006 DEC -4 PM 4:07

Re: Request for Refund

Dear Sir,

On November 2, 2006, an issue fee payment of \$1,700.00 for application No. 10/792,035 was made by both a deduction from a deposit account and by credit card. Receipts for both payments are attached. As there was an inadvertent double payment of the issue fee, I ask that a credit of \$1,700.00 be made to credit card account 4024 5110 0079 7670 to correct the error. Thank you for your prompt attention to this matter.

Best Regards,



Peter Foiles
Patent Agent
Invitrogen Corporation
peter.foiles@invitrogen.com

Invitrogen Corporation

7305 Executive Way • Frederick, Maryland 21704 USA • p: 240-379-4173 • f: 240-379-4670 • www.invitrogen.com

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Credit Card Payment Form
(Do not submit this form electronically via EFS-Web)
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: ☒ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Account #: [REDACTED]

Credit Card Expiration Date: [REDACTED]

Name as it Appears on Credit Card: *Peter G. Foiles*

Payment Amount: \$ (US Dollars): *1700.00*

Cardholder Signature: *Peter G. Foiles* Date: *11/2/2006*

Refund Policy: The USPTO may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The USPTO will not refund amounts of \$25.00 or less unless a refund is specifically requested and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address 1: *Invitrogen Corporation*

Street Address 2: *1620 Faraday Ave*

City: *Carlsbad CA*

State/Province: *CA*

Zip/Postal Code: *92008*

Country: *USA*

Daytime Phone #: *240 379 4173*

Fax #: *240 379 4670*

Request and Payment Information

Description of Request and Payment Information:

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. <i>10/792,035</i>	Application No.	Application No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. <i>0942.534005</i>		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or submits this form electronically via EFS-Web, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.